

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

CHERISE B.,

Plaintiff,

v.

ACTING COMMISSIONER OF SOCIAL
SECURITY,

Defendant.

Case No. 3:22-cv-05709-TLF

ORDER REVERSING AND
REMANDING DEFENDANT'S
DECISION TO DENY BENEFITS

Plaintiff filed this action pursuant to 42 U.S.C. § 405(g) for judicial review of defendant's denial of plaintiff's application for supplemental security income ("SSI"). Pursuant to 28 U.S.C. § 636(c), Federal Rule of Civil Procedure 73, and Local Rule MJR 13, the parties have consented to have this matter heard by the undersigned Magistrate Judge. Dkt. 2. Plaintiff challenges the ALJ's decision finding that plaintiff was not disabled. Dkt. 4, Complaint.

I. ISSUES FOR REVIEW

A. Whether the ALJ Properly Evaluated Plaintiff's Subjective Symptom Testimony

B. Whether the ALJ Properly Evaluated Medical Opinion Evidence

C. Whether the ALJ's RFC Determination Was Supported by Substantial Evidence

II. BACKGROUND

Plaintiff protectively filed her application for SSI on December 6, 2017, alleging a disability onset date of December 6, 2017. Administrative Record ("AR") 71, 84. After

1 plaintiff's application was denied initially and on reconsideration, ALJ Richard Gleib held
2 a hearing in September 2019 and issued a decision finding plaintiff not disabled. AR
3 32–69, 81, 98, 542–75. Based on the stipulation of the parties, this Court reversed the
4 ALJ's decision and remanded for further proceedings. AR 608–09. ALJ Geib held a
5 second hearing on remand in December 2021 and issued another decision in February
6 2022, again finding plaintiff not disabled. AR 542–75, 617–41. Plaintiff now seeks
7 judicial review of the ALJ's February 2022 decision.

8 III. STANDARD OF REVIEW

9 Pursuant to 42 U.S.C. § 405(g), this Court may set aside the Commissioner's
10 denial of Social Security benefits if the ALJ's findings are based on legal error or not
11 supported by substantial evidence in the record as a whole. *Revels v. Berryhill*, 874
12 F.3d 648, 654 (9th Cir. 2017). Substantial evidence is "such relevant evidence as a
13 reasonable mind might accept as adequate to support a conclusion." *Biestek v.*
14 *Berryhill*, 139 S. Ct. 1148, 1154 (2019) (internal citations omitted).

15 IV. DISCUSSION

16 In this case, the ALJ found that plaintiff had the following severe medically
17 determinable impairments: thyroid disorder; affective disorder; posttraumatic stress
18 disorder (PTSD); personality disorder; lumbar spine condition; and cervical spine
19 condition. AR 623. Relying on vocational expert ("VE") testimony, the ALJ found at step
20 four that plaintiff could not perform her past relevant work, but could perform other light,
21 unskilled jobs at step five of the sequential evaluation; therefore, the ALJ determined at
22 step five that plaintiff was not disabled. AR 634–35.

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1 A. Whether the ALJ Properly Evaluated Plaintiff's Subjective Symptom Testimony

2 Plaintiff contends the ALJ erred in discounting her subjective symptom testimony.
3 Dkt. 10, at 5–8.

4 Plaintiff testified to having pain in her lower back and neck pain due to her history
5 of domestic violence. AR 553–57. She stated she is currently unable to walk for more
6 than a mile because walking aggravates her back, though she could walk one to three
7 miles the year before. AR 564–65. Plaintiff also testified that due to the damage in her
8 neck, she has difficulties using her hands. AR 553–57. She stated her hands go numb
9 and her wrists ache, and as a result, she cannot lift a gallon of milk, hold a pencil, write,
10 or even turn pages of a book. See AR 554–56. She explained these difficulties with her
11 hands usually occur at least two days every month. AR 555.

12 Plaintiff stated she attends physical therapy and receives injections for her
13 symptoms, but does not find physical therapy as helpful because certain exercises
14 remind her of her history with domestic violence. AR 558. Plaintiff also testified to
15 having trauma disorder, and as a result, disassociates often and has anxiety. AR 559.
16 She explained she has been struggling with her mental health more than once a day for
17 the last several years. AR 560. Plaintiff stated she currently lives with her three children
18 but needs help from her adult daughter to perform various household chores. AR 563.
19 Plaintiff explained she avoids crowds because she finds them overwhelming. AR 562–
20 63.

21 The ALJ's determinations regarding a claimant's statements about limitations
22 "must be supported by specific, cogent reasons." *Reddick v. Chater*, 157 F.3d 715, 722
23 (9th Cir. 1998) (citing *Rashad v. Sullivan*, 903 F.2d 1229, 1231 (9th Cir. 1990)). In
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1 assessing a plaintiff's credibility, the ALJ must determine whether plaintiff has presented
2 objective medical evidence of an underlying impairment. If such evidence is present and
3 there is no evidence of malingering, the ALJ can only reject plaintiff's testimony
4 regarding the severity of his symptoms for specific, clear and convincing reasons.
5 *Ghanim v. Colvin*, 763 F.3d 1154, 1163 (9th Cir. 2014) (citing *Lingenfelter v. Astrue*, 504
6 F.3d 1028, 1036 (9th Cir. 2007)). "The standard isn't whether our court is convinced, but
7 instead whether the ALJ's rationale is clear enough that it has the power to convince."
8 *Smartt v. Kijakazi*, 53 F.4th 489, 499 (9th Cir. 2022).

9 Here, the ALJ discounted plaintiff's testimony, finding that while her "medically
10 determinable impairments could reasonably be expected to cause" her alleged
11 symptoms, plaintiff's statements "concerning the intensity, persistence and limiting
12 effects" of her symptoms are not "entirely consistent with the medical evidence and
13 other evidence in the record." AR 629.

14 1. Physical Symptoms

15 First, the ALJ discounted plaintiff's testimony regarding her lower back pain and
16 limitations in standing, walking, sitting, lifting, and carrying because of its inconsistency
17 with objective medical evidence, particularly plaintiff's physical examinations and
18 musculoskeletal examinations. AR 629. The evidence cited by the ALJ shows plaintiff
19 had normal gait and normal range of motion. AR 283, 380, 501, 1147, 1196–1198,
20 1217, 1223, 1228, 1233–35, 1241–42, 1277, 1282, 1291, 1296. But plaintiff's ability to
21 ambulate normally during her appointments does not necessarily undermine plaintiff's
22 statements regarding how her symptoms hinder the use of her hands and prevents her
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1 from walking for more than a mile, therefore in discounting this part of plaintiff's
2 testimony, the ALJ erred.

3 The ALJ also discounted plaintiff's testimony because of reported improvements
4 from physical therapy and injections. AR 630. Impairments that can be controlled
5 effectively with treatment are not disabling for the purpose of determining disability
6 benefits. *See also Warre ex rel. E.T. IV v. Comm'r of Soc. Sec. Admin.*, 439 F.3d 1001,
7 1006 (9th Cir. 2006). Substantial evidence supports the ALJ's finding.

8 The record shows that during a May 2020 appointment, plaintiff was
9 recommended to participate in a cervical spine rehabilitation program to decrease her
10 pain and improve her functionalities. AR 1371. The record also shows plaintiff tolerated
11 the program well and she continuously reported improvement. AR 1376, 1377 (showing
12 less rotational restriction, 1379 (reporting slight improvement in spine stiffness,
13 improved cervical rotation), 1384, (nearly full cervical range of motion), 1386 (cervical
14 rotation maintain and pain reduced), 1398 ("overall states she feels better and better
15 each week"), 1404, 1406 ("feeling overall improvement"). By September 2020, plaintiff
16 was discharged from the program and was able to continue with the exercises at home.
17 AR 1415.

18 The record also shows plaintiff was administered injections in October 2020 and
19 it led to "significant improvement." AR 1423. Her physical exam revealed normal
20 strength in her bilateral upper extremities. *Id.* She returned in February 2021, and
21 reported improvement in neck pain, though she experienced some symptoms from time
22 to time. AR 1428. The evidence cited by the ALJ shows plaintiff's physical symptoms
23 improved significantly. The "ALJ's rationale is clear enough that it has the power to
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1 convince,” therefore the ALJ did not err in discounting plaintiff’s testimony. *Smartt*, 53
2 F.4th at 499.

3 The ALJ also found plaintiff’s testimony inconsistent with her activities, including
4 walking, caretaking of her children, and general household managing. AR 629–30. An
5 ALJ may discount a claimant’s symptom testimony when it is inconsistent with the
6 claimant’s general activity level. See *Molina v. Astrue*, 674 F.3d 1104, 1112–13 (9th Cir.
7 2012); *Lingenfelter v. Astrue*, 504 F.3d 1028, 1040 (9th Cir. 2007). Here, the ALJ
8 pointed to plaintiff’s ability to walk eight miles to prepare climbing Mount St. Helens and
9 ability to walk five miles in the mall in September 2020, and plaintiff’s ability to walk 20
10 miles within a week in August 2021. AR 629–30.

11 Plaintiff’s ability to walk long distances in 2020 is a direct contradiction of her
12 statement during the hearing that she could walk for only one to three miles around that
13 time. See AR 564, 896.

14 Similarly, that plaintiff could walk 20 miles within a week in 2021 contradicts her
15 statement during the hearing that she could not walk for more than a mile. See AR 565.
16 Therefore, in discounting plaintiff’s testimony based on her walking activities, the ALJ
17 did not err. The ALJ also pointed to plaintiff’s ability to care for her children and perform
18 other household chores. AR 630. However, the Court cannot say plaintiff’s ability to do
19 these activities are valid reasons to discount plaintiff’s testimony; plaintiff testified she
20 was able to perform such activities, albeit with help from her daughter. See AR 556–58.
21 Further, at most, these activities reflect the basic elements of living a normal life, and do
22 not supply a reasonable basis for discrediting plaintiff. See *Vertigan v. Halter*, 260 F.3d
23 1044, 1050 (9th Cir. 2001).

1 The ALJ provided at least one valid reason to discount plaintiff's testimony
2 regarding – in this case, two valid reasons, her physical symptoms improved relating to
3 walking, and beneficial treatment for her spinal condition – and any other reasons
4 offered by the ALJ found erroneous by the Court are deemed harmless. *See Carmickle*
5 *v. Commissioner, Social Sec. Admin.*, 533 F.3d 1155, 1162–1163 (9th Cir. 2008).

6 2. Mental Health Symptoms

7 The ALJ also discounted plaintiff's testimony regarding her mental health
8 condition because it was consistent with plaintiff's improvement from treatment. AR
9 630–31. Evidence that medical treatment helped a claimant “return to a level of function
10 close to the level of function they had before they developed symptoms or signs of their
11 mental disorders’ . . . can undermine a claim of disability.” *Wellington v. Berryhill*, 878
12 F.3d 867, 876 (9th Cir. 2017) (quoting 20 C.F.R. pt. 404, subpt. P, app. 1 (2014)). The
13 evidence cited by the ALJ shows plaintiff was continuously found to have made “some
14 progress” while she was engaged in therapy and her mental status examination results
15 (including her mood, affect, concentration, and memory) were mostly normal. *See* AR
16 319, 796–993, 1009, 1024, 1026, 1029, 1076, 1104, 1147. The record shows plaintiff
17 was going out and interacting with others more. AR 1026, 1029.

18 However, the record also shows plaintiff sought more help for her trauma outside
19 of outpatient counseling: even though she expressed insecurities (in December 2019
20 during an appointment with her therapist) about the proposal to seek residential care for
21 complex PTSD symptoms (AR 840), plaintiff resided in a psychiatric residential
22 treatment facility during March 2020. AR 783–799. She was found to be at risk of
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1 deterioration. AR 788. They were unable to obtain her medications, and because of this,
2 she left the facility. AR 783.

3 Plaintiff reported having difficulties with physical therapy, and avoided
4 gynecological appointments as well as physical therapy because it brought back
5 memories of domestic violence. See AR 854, 888. Plaintiff's overall mental health
6 record supports her statements regarding her symptoms. Additionally, "[t]hat a person
7 who suffers from severe [symptoms] makes some improvement does not mean that the
8 person's impairments no longer seriously affect her ability to function in a workplace."
9 *Holohan v. Massanari*, 246 F.3d 1195, 1205 (9th Cir. 2001). There is not substantial
10 evidence that plaintiff's improvement reached such a point that she would have an
11 ability to work full-time. Therefore, in discounting plaintiff's testimony regarding her
12 mental health symptoms, the ALJ erred.

13 In sum, while the ALJ provided at least one valid reason to discount plaintiff's
14 testimony regarding her physical symptoms, the ALJ failed to do so in discounting
15 plaintiff's testimony regarding her mental health symptoms.

16 **B. Whether the ALJ Erred in Evaluating Medical Opinion Evidence**

17 Plaintiff contends the ALJ erred in discounting the medical opinion of Dr. Kris
18 Hallenburg. Dkt. 10, at 13–18.

19 Dr. Hallenburg completed a psychological evaluation of plaintiff in August 2018
20 and opined plaintiff's PTSD symptoms "may interrupt a normal workweek and her ability
21 to maintain regular attendance, which would also be affected by her depression." AR
22 376. She further opined plaintiff "would not be able to deal with the usual stress in full
23 time workplace positions." AR 377.

1 Plaintiff filed her application after March 27, 2017. AR 71, 84. For applications
2 filed after March 27, 2017, ALJs must consider every medical opinion in the record and
3 evaluate each opinion's persuasiveness, with the two most important factors being
4 "supportability" and "consistency." *Woods v. Kijakazi*, 32 F.4th 785, 791 (9th Cir. 2022);
5 20 C.F.R. § 416.920c(b)(2). Supportability concerns how a medical source supports a
6 medical opinion with relevant evidence, while consistency concerns how a medical
7 opinion is consistent with other evidence from medical and nonmedical sources. 20
8 C.F.R. § 416.920c(c)(1), (c)(2). Under the new regulations, "an ALJ cannot reject an
9 examining or treating doctor's opinion as unsupported or inconsistent without providing
10 an explanation supported by substantial evidence." *Woods*, 32 F.4th at 792.

11 The ALJ discounted Dr. Hallenburg's opinion based on: (1) inconsistencies with
12 her own findings (2) inconsistencies with plaintiff's therapy records, and (3)
13 inconsistencies with objective medical evidence. As stated, the ALJ must consider a
14 whether a medical opinion is consistent with other evidence from medical and
15 nonmedical sources. 20 C.F.R. § 416.920c(c)(2). In this case, none of the ALJ's findings
16 are supported by substantial evidence.

17 First, the ALJ explained Dr. Hallenburg's opinion was inconsistent with her own
18 observations that plaintiff was appropriately attired, made good eye contact, and acted
19 cooperatively throughout her examination. AR 633 (citing AR 375). But plaintiff's general
20 appearance at the time of her appointment does not directly contradict Dr. Hallenburg's
21 opinion regarding plaintiff's inability to maintain work attendance and deal with
22 workplace situations. It is entirely possible that plaintiff can appear to be appropriate on
23 the surface for an examination, while symptoms of her conditions would cause
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1 limitations that render her unable to work full-time. As plaintiff stated during her
2 evaluation with Dr. Hallenburg, “I went numb about two years ago and I don’t feel my
3 feelings, but I know they’re there. I put on a good front but I’m not doing well.” The Court
4 finds no inconsistency between Dr. Hallenburg’s opinion and her notations about
5 plaintiff’s general appearance, therefore the ALJ erred in discounting her opinion for this
6 reason.

7 Second, the ALJ stated Dr. Hallenburg’s opinion was inconsistent with plaintiff’s
8 medical record showing she declined to take medication for her mental symptoms. AR
9 634 (citing AR 793). The ALJ correctly points out that plaintiff stated that she did not
10 want to take medication and did not think they would help, but the record cited by the
11 ALJ also stated plaintiff’s medication “should be on its way” and her treating sources
12 would look into whether they could expedite it. See AR 793. Dr. Hallenburg’s notes also
13 show that plaintiff was taking medication for her severe panic attacks. AR 372.

14 The ALJ also stated Dr. Hallenburg did not consider plaintiff’s improvement from
15 her mental health counseling. AR 634 (citing AR 796, 824, 826, 862, 887, 918, 940,
16 982, 987–89, 992). But during Dr. Hallenburg’s evaluation, she noted in several
17 instances that plaintiff was accessing therapy and medication, and observed that
18 despite plaintiff’s statement that her treatments have been helping, plaintiff still had
19 “limited control” over her PTSD reactions and depression. AR 376. The PTSD, plaintiff
20 explained to Dr. Hallenburg, was a result of having been raped as a teenager (she left
21 ninth grade due to pregnancy); she also told Dr. Hallenburg about years (starting in
22 2007) of physical and emotional abuse by the father of three of her children (her former
23 spouse), including being stalked, continually raped, physically and emotionally abused,
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1 and choked in 2015 on her birthday which caused her to stop wanting to live. AR 372–
2 375.

3 Further, Dr. Hallenburg completed her evaluation in August 2018, while the
4 therapy notes the ALJ cited stem from October 2019 to August 2021. Dr. Hallenburg
5 could not have considered treatment notes that were not yet in plaintiff's records. Thus,
6 in discounting Dr. Hallenburg's opinion for these reasons, the ALJ erred.

7 Finally, the ALJ discounted Dr. Hallenburg's opinion after finding the opinion to
8 be inconsistent with plaintiff's mental status examinations showing normal findings. AR
9 634 (citing AR 286, 319, 380, 400, 402, 1009, 1020, 1023–24, 1026–27, 1029–30,
10 1032–33, 1046–47, 1076, 1104, 1147). But plaintiff's presentations during her
11 appointments — mostly for her physical symptoms — do not necessarily negate Dr.
12 Hallenburg's opinion about how plaintiff's mental symptoms affect her ability to maintain
13 attendance and handle workplace situations. Some of the treatment notes cited by the
14 ALJ also show plaintiff was found to have anxiety. See AR 400, 1023–24, 1026–27,
15 1029–30, 1032–33, 1046–47. Further, as plaintiff points out, when this case was
16 remanded in 2021, the AC found this reasoning erroneous for failing to explain how
17 normal findings contradict Dr. Hallenburg's opinion. Dkt. 10, at 14–15; AR 612–12. A
18 reasonable inference may be drawn that plaintiff tried to appear to be holding it together
19 on the surface because she was taking care of her three children. See AR 373, 397–
20 398, 408, 422, 424, 434. The ALJ's finding here still is not supported by substantial
21 evidence, therefore in discounting Dr. Hallenburg's opinion for its inconsistency with
22 plaintiff's mental status examinations results, the ALJ also erred.

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1 C. Harmless Error

2 An error is harmless only if it is not prejudicial to the claimant or “inconsequential”
3 to the ALJ’s “ultimate nondisability determination.” *Stout v. Comm’r Soc. Sec. Admin.*,
4 454 F.3d 1050, 1055 (9th Cir. 2006). In this case, the ALJ’s errors were not harmless
5 because a proper evaluation of plaintiff’s testimony regarding her mental health
6 symptoms and the medical opinion of Dr. Hallenburg could change the ALJ’s RFC
7 assessment and may affect the hypotheticals provided to the vocational expert.

8 D. Whether the ALJ’s RFC Determination Was Supported by Substantial Evidence

9 Plaintiff contends the ALJ’s RFC determination is not supported by substantial
10 evidence for several reasons. Dkt. 10, at 2–10; AR 627.

11 First, plaintiff argues the ALJ’s findings that she can “occasionally reach
12 overhead bilaterally” and “frequently handle and finger bilaterally” are not supported by
13 substantial evidence, considering plaintiff’s limited use of her upper extremities. *See id.*
14 Plaintiff also argues that in assessing this portion of plaintiff’s RFC, the ALJ failed to
15 comply with the narrative discussion requirements of Social Security Ruling (“SSR”) 96-
16 8p. Dkt. 10, at 9–10.

17 The ALJ’s determination of plaintiff’s RFC must be affirmed so long as the ALJ
18 applied the proper legal standard and there is substantial evidence to support the ALJ’s
19 decision. *See Bayliss v. Barnhart*, 427 F.3d 1211, 1217 (9th Cir. 2005). Here, the Court
20 has found that the ALJ properly discounted plaintiff’s testimony regarding her physical
21 symptoms. *See supra* Section IV.A.1, Therefore, the Court cannot say the ALJ erred
22 with the assessment of the portion of plaintiff’s RFC concerning her physical symptoms.
23 *See Thomas v. Barnhart*, 278 F.3d 947, 959 (9th Cir. 2002) (finding no reason to
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1 include a claimant's testimony in the hypothetical to the VE because the ALJ found the
2 claimant lacked credibility).

3 The Court also cannot say the ALJ failed to follow SSR 96-8p. The ruling states
4 the "RFC assessment must include a narrative discussion describing how the evidence
5 supports each conclusion" by objective medical evidence and nonmedical evidence,
6 including daily activities. See SSR 96-8p. The ALJ did so here by properly discounting
7 plaintiff's physical symptoms based on her medical records showing she improved from
8 therapy and injections, and her activities including walking long distances. See AR 627–
9 29.

10 Second, plaintiff contends the ALJ's assessment that plaintiff could perform "light
11 work" is erroneous when compared to the ALJ's previous decision. Dkt. 10, at 11.
12 Specifically, plaintiff points out that in 2019, the ALJ similarly determined plaintiff would
13 be limited to "light work" after having found at step two that she suffered from the severe
14 impairment of "lumbar spine condition." *Id.*; AR 17. In the ALJ's current decision, the
15 ALJ found plaintiff suffered from both the severe impairments of lumbar spine condition
16 as well as "cervical spine condition." *Id.*; AR 623. Plaintiff therefore argues the ALJ
17 should have reduced her limitation to perform light work, given that the ALJ found an
18 additional severe physical impairment. See *id.*

19 But that the ALJ found plaintiff had an additional "severe" impairment at step two
20 does not, by itself, require the ALJ to include greater or lesser restrictions to plaintiff's
21 RFC. Step two of the sequential evaluation process is "merely a threshold determination
22 meant to screen out weak claims." *Buck v. Berryhill*, 869 F.3d 1040, 1048 (9th Cir.
23 2017) (citing *Bowen v. Yuckert*, 482 U.S. 137, 146–47 (1987)). It "is not meant to
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1 identify the impairments that should be taken into account when determining the RFC.”
2 *Buck*, 869 F.3d at 1048–49. In assessing the RFC, the ALJ must consider the limiting
3 effects of all of the claimant’s impairments, including those that are not severe. 20
4 C.F.R. § 416.945(e); SSR 96-8p. An ALJ must assess all the evidence including a
5 claimant’s testimony and medical reports to determine what capacity a claimant has for
6 work despite his or her impairments. 20 C.F.R. § 416.945(a).

7 Here, in assessing plaintiff’s RFC, the ALJ considered plaintiff’s testimony and
8 the medical evidence. AR 627–34. While the Court found the ALJ’s evaluation of
9 plaintiff’s testimony regarding physical symptoms to be proper, the Court found the ALJ
10 did not properly evaluate the medical evidence regarding plaintiff’s mental health
11 symptoms. *See supra* Section IV.B.

12 This error, not the ALJ’s finding of an additional severe impairment at step two,
13 necessitates the reassessment of plaintiff’s RFC. *See Hill v. Astrue*, 698 F.3d 1153,
14 1161 (9th Cir. 2012) (an ALJ provides an incomplete RFC determination when the ALJ
15 properly ignores and discounts “significant and probative evidence in the record
16 favorable to [the claimant’s] position”); *Valentine v. Comm’r of Soc. Sec. Admin.*, 574
17 F.3d 685, 690 (9th Cir. 2009) (“an RFC that fails to take into account a claimant’s
18 limitations is defective”); SSR 96-8p (an RFC “must always consider and address
19 medical source opinions”).

20 The Court, therefore, agrees with plaintiff that the Commissioner’s decision must
21 be reversed and this matter remanded for further administrative proceedings. *See* Dkt.
22 10, at 18. The Court has found legal error – there is not substantial evidence to support
23 the ALJ’s decision finding that Dr. Hallenburg’s opinion was unpersuasive. *See*

1 *generally, Dominguez v. Colvin*, 808 F.3d 403, 407 (9th Cir. 2016) (When reviewing
2 whether to remand for a new hearing, or to award benefits, the district court must
3 determine whether legal error occurred, and whether the record has been fully
4 developed). In this situation, there is ambiguity in the record with respect to the date of
5 onset of work-related limitations from plaintiff's mental health conditions; the ALJ would
6 need to review the record and medical evidence to make such a determination. The
7 Court may not remand for an award of benefits unless a remand for further
8 administrative proceedings "would serve no useful purpose." *Burrell v. Colvin*, 775 F.3d
9 1133, 1141 (9th Cir. 2014).

10 On remand, the ALJ is directed to reassess Dr. Hallenburg's opinion, reassess
11 plaintiff's RFC, and conduct the five-step review process.. Plaintiff shall be allowed to
12 present additional evidence in a de novo hearing, to determine whether plaintiff meets
13 the criteria for disability regarding her mental health conditions, the mental health
14 symptoms, limitations, and any drug side effects.

15 CONCLUSION

16 Based on the foregoing discussion, the Court concludes the ALJ improperly
17 determined plaintiff to be not disabled. Therefore, the ALJ's decision is reversed and
18 remanded for further administrative proceedings.

19 Dated this 4th day of May, 2023.

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Theresa L. Fricke
22 United States Magistrate Judge
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